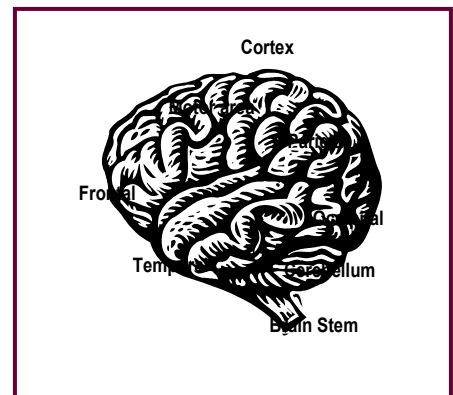


Traumatic Brain Injury Trust Fund 2006



Department for Mental Health and Mental Retardation Services

Division of Mental Health and Substance Abuse

Brain Injury Services Branch

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**Traumatic Brain Injury Trust Fund
Board of Directors**

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Designee for Melinda Mast, Executive Director
Brain Injury Association of Kentucky
Louisville, Kentucky

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Department for Mental Health and Mental Retardation Services
Designee for:

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Frankfort, Kentucky

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Frankfort, Kentucky

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Rehabilitation Specialist
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Neurophysiologist
Lexington, Kentucky



The Traumatic Brain Injury Trust Fund Board of Directors

The Traumatic Brain Injury Trust Fund was created by the Kentucky General Assembly in 1998 to provide assistance to children and adults with brain injuries across the Commonwealth. The Board's mission is to provide leadership, in partnership with others, to prevent disability, to strengthen individuals in their community and to foster the independence of people whose lives have been affected by an acquired brain injury. KRS 211.470 to 211.478 established a nine member governing Board of Directors with a mandate to:

- Administer the Trust Fund
- Promulgate administrative regulations related to the administration of the Trust Fund
- Establish a confidential registry for traumatic brain and spinal cord injuries
- Investigate the needs of people with brain injuries and identify gaps in current services
- Assist in the development of services for people with brain injuries
- Monitor and evaluate services provided by the Trust Fund

For administrative purposes, the Traumatic Brain Injury Trust Fund Board of Directors is attached to the Cabinet for Health and Family Services, Department for Mental Health and Mental Retardation Services. Board members are not paid for their time served on the Board. The Brain Injury Services Branch, within the Department provides staff support to the Board. Administrative costs of the Board are limited by legislation and are not to exceed 3% of the proceeds from the fund. Staff members of the Brain Injury Services Branch who support the Trust Fund include Dr. Colleen Ryall, Branch Manager, Diane Pratt, Program Administrator, and Diana Carrier, Program Coordinator.

The Systems Development Committee Reviews the Year

The Systems Development Committee, a sub-committee of the Board, has been charged with developing strategies to implement the recommendations of the Legislative Task Force on Services and Supports for Persons with Brain Injury which ended its tenure in 2004. In the past year, the Systems Development Committee has worked to further refine the **Strategic Plan** developed in 2004. The Strategic Plan is designed to serve as a road map for the development of services and as a tool for responding to the ever growing needs of citizens with a brain injury in the Commonwealth.

**Systems Development Committee Members who served in 2005**

Senator Julie Rose Denton, Co-Chair
Representative Mary Lou Marzian, Co-Chair

Brain Injury Association of Kentucky

Michele Finn
Melinda Mast

**Center for Comprehensive Services-
Kentucky**

Jenny Jordon

Brain Injury Services Branch

Colleen Ryall

Cardinal Hill Hospital

Tonia Wells

Department of Corrections

Elizabeth McKune

Christian Care Communities

Joan Owens

Department of Education

Maureen Hall
Judy Mallory

Eckman/Freeman & Associates

Sharon Marsh

Department for Medicaid Services

Angela Kirkland

Frazier Rehabilitation Institute

William Kraft

**Department for Mental Health and
Mental Retardation Services**

Betsy Dunnigan
Steve Shannon

River Valley Behavioral Health Services

Gayle DiCesare

Department of Protection and Advocacy

Jim Kimbrough

Advocates

Mary Crawford
Jamie Critchfield
Sheree Flesch
Paul Honeycutt
Kathy Klapheke
Carl Ledford
Carol Lunney
Kevin McSweeney
Rhonda Robinson
Mike Seadler
Ruth Seadler

Department for Public Health

Germaine O'Connell

Department of Vocational Rehabilitation

Brenda Spradlin

TBI Trust Fund Board

Mary Hass
Kathy Williams



Kentucky Traumatic Brain & Spinal Cord Injury Surveillance Project

KRS 211.470-211.478 mandates that the Board establish a registry. The board meets this mandate by contracting with Kentucky Injury Prevention and Research Center (KIPRC). In 2005, KIPRC analyzed and reported on incidents from 2002, the most recently available data. This analysis indicates the following events are the most frequent causes of brain injury:

- Motor vehicle traffic crashes
- Fall
- Anoxia/hypoxia
- Exposure to toxic substances

Motor vehicle traffic crashes in persons ages 15 to 24 years, and falls in persons ages 65 years and older, again emerged as leading causes of TBI. Results further indicate that anoxia and hypoxia were most common among persons ages 65 years and older, whereas exposure to toxic substances was greatest among those ages 25-44 years.

Dates indicate that rates of brain injury were highest in eastern Kentucky. KIPRC identified counties that ranked in the top thirty in both frequency and rate of brain injury. The counties that met these criteria included were Bell, Breathitt, Clay, Hopkins, Johnson, Laurel, Letcher, McCracken, Nelson, Perry, Pike, Pulaski, Taylor, and Whitley. These may be considered excellent candidates for further in-depth pilot studies leading to information that can assist in better understanding the causes and circumstances leading to brain injury throughout the state. Persons ages 25-44 years had the highest rates of exposure to toxic substances. A focus on substance abuse prevention in this age group may be a strategy for the prevention of brain injuries as well.

Additionally, data regarding all terrain vehicle mishaps suggest greater safety requirements are needed for children and adults. A total of 107 children and adults were killed or injured in 2002. The KIPRC reports the following:

- Eleven (11) of the persons killed in ATV crashes (10%) were aged 10-11.
- Nine (9) of the persons killed in ATV crashes (8%) were aged 12-15.
- Eighty-seven (87) of the persons killed in ATV crashes (81%) were aged 16 and older.

The KIPRC presented the results of the Annual Brain and Spinal Cord Injury Surveillance Project to the TBI Trust Fund Board October 26, 2005. This information is used to estimate the incidence and causes of brain injuries in Kentucky, and the demographic characteristics of injured persons. Tables 1-3 illustrate key findings from the 2005 report.

**Table 1. TBI by age, 2002**

Age	Fatal			Non-fatal			Total		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
0-4	21	11.5	7.8	162	88.5	59.9	183	100.0	67.7
5-14	19	6.3	3.4	284	93.7	50.9	303	100.0	54.3
15-24	183	20.6	31.3	704	79.4	120.4	887	100.0	151.7
25-44	320	25.4	27.0	942	74.6	79.4	1,262	100.0	106.4
45-64	250	26.8	25.4	682	73.2	69.2	932	100.0	94.6
65+	294	23.8	57.8	939	76.2	184.6	1,233	100.0	242.4
Total	1,087	22.6	26.6	3,713	77.4	90.7	4,800	100.0	117.3

* For one observation, the individual's age was not reported

Table 2. TBI by gender, 2002

Age	Fatal			Non-fatal			Total		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
Male	797	26.1	39.8	2,256	73.9	112.6	3,053	100.0	152.4
Female	290	16.6	13.9	1,458	83.4	69.8	1,748	100.0	83.7
Total	1,087	22.6	26.6	3,714	77.4	90.7	4,801	100.0	117.3

Table 3. Leading causes of TBI, all ages, 2002

Mechanism of Injury	Fatal			Non-fatal			Total		
	Number	Pct.	Rate	Number	Pct.	Rate	Number	Pct.	Rate
Motor vehicle traffic crash	420	19.5	10.3	1,734	80.5	42.4	2,154	100.0	52.6
Fall	154	15.1	3.8	868	84.9	21.2	1,022	100.0	25.0
Firearm	325	92.1	7.9	28	7.9	0.7	353	100.0	8.6
Non-traffic land transport	27	12.2	0.7	195	87.8	4.8	222	100.0	5.4
Struck by object or person	15	7.4	0.4	189	92.6	4.6	204	100.0	5.0
Non-traffic pedal cycle	0	0.0	0.0	37	100.0	0.9	37	100.0	0.9
Machinery	7	24.1	0.2	22	75.9	0.5	29	100.0	0.7
Other	97	40.9	2.4	140	59.1	3.4	237	100.0	5.8
Unknown (missing E-code)	42	7.7	1.0	501	92.3	12.2	543	100.0	13.3
Total	1,087	22.6	26.6	3,714	77.4	90.7	4,801	100.0	117.3

Did You Know?



DID YOU KNOW.....

- ♦ The Traumatic Brain Injury Trust Fund serves clients regardless of age, financial status or geographic location in the Commonwealth of Kentucky.
- ♦ There are approximately 50 new referrals to the program each month.
- ♦ To date, the program has served 2,046 children and adults across the Commonwealth.
- ♦ Of the people served, 41% have received financial assistance or been approved for financial assistance with needed services or supports.
- ♦ All of the clients have received case management services to assist in accessing of needed community resources.
- ♦ The average allocation per client is \$2,282.01 and the median allocation is \$1,200.
- ♦ There are currently 1,827 requests for services on the waiting list, representing 1,010 unduplicated persons.
- ♦ The average number of people receiving case management services per month is 600.
- ♦ The average number of case management hours per person, per month is 3.5.
- ♦ Case managers have been instrumental in developing local resources, such as opening a food bank in an Eastern Kentucky town.
- ♦ Case managers are able to attend important community resource application meetings such as DCBS (for Medicaid, food stamps, etc) as well as attend school meetings (such as ARC meetings) to assist the person in accessing any and all available resources.
- ♦ There has been \$3,195,169 in savings realized for the Trust Fund through the direct intervention of the case manager, such as referral to the appropriate resource and assistance with the application process, since 2001.



Case Management Success

This is a recent account of a case managers success with a client in the Benefit Management Program:

“In October 2005 I visited one of my TBI clients. As is the case with the majority of our clients, they have limited financial resources. He did get approved for veteran’s benefits, and that has helped. However, his wife had to quit her job to stay home and take care of him. This caused an additional income shortage for them. They both were extremely worried about their financial situation. After paying their bills, they have no money left for food and clothes.

One of the things I did as their case manager was to find a church in their area that has a food pantry for the local community. Another thing I did, as case manager was to ask them if anyone has told them about a program the Veterans Administration has. This program provides a monthly check for any spouse of a disabled veteran who quits his/her job to stay home and care for the disabled spouse. No one had told them about the program. I provided them with the necessary forms for the program and showed them how to complete them.

Today I received a call from my client and his wife. They received a letter from the Veterans Administration today wherein they learned that my client’s spouse has been approved for the monthly in-home care payment. She will receive almost \$1,000.00 (one-thousand dollars) a month to care for him. Needless to say they are ecstatic and very grateful to the TBI case management assistance! It was a wonderful phone conversation we shared with much laughter and tears.

I want to use this as an example of the importance of case management. Had this client not been referred to the TBI Trust Fund services, he may never have learned about this benefit. The amount of money they receive will make a huge difference in their life. As their case manager, I am grateful to be a part of their happiness!”

Submitted by:

Bonnie Duncan, Benefit Program Case Manager

October 2005



Benefit Management Program

The Benefit Management Program of the TBI Trust Fund is currently operated by Eckman/Freeman and Associates under contract with the Department of Mental Health and Mental Retardation Services. In fiscal year 2005 over 2,000 individuals have been served and over 1,000 unduplicated persons are awaiting help. Individuals with brain injury and their families seek financial assistance for services otherwise not covered by insurance or other sources of payment. These services may include rehabilitative care, therapies, in-home support, vocational training and employment, transportation, in-home modifications, personal care and basic necessities such as rent or utility payments to help transition from hospital to home, school, work, and community.

The Benefit Management Program receives approximately 50 new referrals each month. Individuals may be newly injured or may be individuals needing wrap around services to remain in the home and community. Requests for wrap around services compose 48 % of requests from the Trust Fund. A wrap around service is a service equipment or item which will enhance an individual's ability to live in the community, consistent with the overall services goals. Wrap around services may include: one- time only funds to repair, maintain or purchase a vehicle, not to exceed \$3000, one -time only payment of rent, mortgage, or utility expenses for a period not to exceed three (3) months, one-time only payment of health insurance expenses for a period not o exceed three (3) months, purchase of computer or related equipment not to exceed \$1,500, dependent upon a recipient's ability to use it.

The extra value of the Benefit Management Program lies in case management services. Case management services are offered to all eligible applicants and recipients of assistance from the Trust Fund. The cost of case management services is not deducted from the \$15,000 annual or \$60,000 lifetime cap on benefits to recipients. Continued case management services allows for referral of people into existing services that can meet their needs and creates a safety net for persons with brain injury.



This table summarizes the types of services and supports purchased on behalf of the Trust Fund recipients and the total expenditures for each.

TBI Trust Fund Benefit Management Program
TBI Allocations by Service Type 10/1/2004 - 9/30/2005

<u>Description</u>	<u>Amt Approved</u>
Respite	\$552,639.40
Wrap around-General	\$245,013.61
Environmental modification	\$107,659.85
Structured day program	\$91,917.94
Wrap around-Rent	\$72,142.78
Companion services or housekeeper	\$63,654.00
Wrap around-Dental	\$21,791.00
Community residential services	\$17,722.50
Occupational therapy	\$17,553.00
Wrap around-Physical therapy	\$13,919.94
Psychological and mental health services	\$12,310.00
Wrap around-Utilities	\$10,659.31
Wrap around-Computers	\$9,944.63
Wrap around-Transportation	\$8,857.00
Medical equipment and supplies	\$7,921.14
Wrap around-Van conversions	\$6,100.00
Behavior programming	\$3,600.00
Wrap around-Car payments	\$2,670.45
Wrap around-Eye exam and glasses	\$1,034.24
<u>TOTAL</u>	<u>\$1,267,110.79</u>

- ◆ *Per KRS 211 .474, TBI Trust Fund covered services do not include hospitalization, institutionalization, or medications.*
- ◆ *Wrap Around Services includes a service, equipment or item which will assist a recipient to maintain community placement.*

TBI Cases by County, Kentucky 2002

TBI Rate

